

Safety Relocator Exemption Request Form

Illinois Commerce Commission
527 East Capitol Avenue, Springfield, Illinois 62701
Phone (217)782-6171 Fax (217)782-9244

Illinois MC #

READ INSTRUCTIONS CAREFULLY

1. Business Type: ☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company
(check one) ☐ Partnership State of Incorporation : _____ State of Organization: _____

2. Full Legal Name of Applicant:	8. Business Phone:
3. Trade Name (DBA):	9. Business Fax:
4. Business Address (Street and Number):	10. Mailing Address:
5. City: 6. State: 7. Zip Code:	11. City: 12. State: 13. Zip Code:

14. Partners, Corporate Officers or Members/Managers of a Limited Liability Company: *(To be completed by partnerships, corporations and limited liability companies only; attach additional pages if necessary)*

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

15. Dealer License Number: 16. Date of Issuance:

17. Statement

I certify that the safety relocator services performed by this vehicle dealership are exclusively conducted pursuant to a service agreement between the vehicle dealer and the owner or operator of the damaged vehicle and/or a vehicle manufacturer's warranty.

I understand that by conducting any safety relocation service that does not fall within the exemption, disqualifies this vehicle dealership from said exemption and it shall be required to meet all the requirements of the Illinois Commercial Safety Towing Law 625 ILCS 5/18d and 92 Ill. Adm. Code 1715.

I further understand that a copy of the exemption documentation issued by the Illinois Commerce Commission shall be available for inspection in the cab of every vehicle of the dealer performing safety relocation services.

I have fully read and understand the information in the above statement. _____
initial and date

A copy of the current dealer's license must accompany this Exemption Request Form.

18. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicants. A power of attorney form is required with a processing agent signature.

Authorized Signature: _____ Position/Title: _____ Date: _____

**STATE OF ILLINOIS/ILLINOIS COMMERCE COMMISSION
SAFETY RELOCATOR EXEMPTION REQUEST FORM**

GENERAL INSTRUCTIONS

Illinois

MC # If applicant is filing with the Illinois Commerce Commission for the first time, this box may be left blank as a number will be assigned to you. If a number has previously been assigned, you may include it in this space.

Item 1. Select the correct business type. Place a check mark on the form in the appropriate box. If a corporation, indicate the state in which the business was incorporated.

Item 2. Sole Proprietorship: First name, middle initial and last name.
Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.

Limited Liability Company: The limited liability company name exactly as listed on the Articles of organization

Item 3. Trade Name, if any. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.

Item 4-7. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.

Item 8. Business telephone number.

Item 9. Business fax number.

Item 10-13. Mailing Address. This space may be used for post office box or terminal address.

Item 14. For partnership and corporations: Enter name and title of each partner or corporate officer. Attach Additional pages if necessary. For a limited liability company, enter the name each member if member-managed or the name of the manager if manager-managed.

Item 15. Enter your Dealer License/Certificate of Authority number from the Illinois Secretary of State.

Item 16. Enter the date the license was issued.

Item 17. Carefully read the statement and initial and date in the space provided.

Item 18. Read certifying statement. Sign application; enter your position/title and the date. Power of Attorney is required if an agent signs the application.

No fee is required for this application.

The completed application and a current copy of the Dealer's License/Certificate of Authority should be mailed to:

Illinois Commerce Commission
Processing Section
527 East Capitol Avenue
Springfield, Illinois 62701